

Martinez (A.)



TYPHUS

BY

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IN this paper I propose to give a brief resumé of my own observations of Typhus Fever in Mexico City, taken from the numerous cases which I have attended in the course of my private practice.

Typhus fever has assumed an endemic form in this capital. A few years ago it was only observed during the winter and spring, when it was found in full force, but disappeared during the rainy season; but for the last few years it has only decreased during the rainy season without disappearing.

It does not present itself as a rule in a form that is at once recognizable, but rather in an insidious manner that at first is very apt to deceive the doctor who has not had practice in this special complaint.

Typhus fever very often commences with all the symptoms of an acute bronchitis, accompanied by a frequent cough and by pain and tightness of the chest; white and glutinous expectoration full of bubbles; on tapping the chest the sound is clear, and on applying the ear a stertorous breathing is heard, indicating an extensive mucosity with subcrepitant pales.

On other occasions it presents itself in the form of pneumonia with intense pain on one side of the thorax, generally in the region of the mamaria, which extends itself towards the back, and whose intensity increases during inspiration, a strong dipsnea, with frequent cough and blood stained expectoration. On tapping the chest we very often find slight solidity in the sound, and on applying the ear the breathing is found to be stertorous and wheezing; but in these cases the expectoration is not of the character that accompanies pneumonia, but rather it is white with blood stains or streaks, tapping does not produce the solid sound, nor has the respiration the peculiar stertorous sound that characterizes that disease.

Typhus frequently presents itself under the form of an ordinary intermittent fever recurring daily either in the morning or in the evening, the patient is attacked by a more or less intense shivering fit, which after lasting a little while is followed by fever and terminates in a general diaphoresis which is followed by a complex apirexia, the only continuous symptom being the cephalalgia and the pain in the limbs. After four or five days the fever assumes a continuous form, either spontaneously or as an effect of the action of quinine.

On other occasions typhus fever commences in the form of an acute articular rheumatism, accompanied by intense pain in the articulations, and especially in the legs, these pains being greatly intensified by pressure.

It also commences in many cases with an acute pharinitis, accompanied by pain and dryness in the palatine cavity and in the upper back part of the pharynx, a more or less intense redness and pain, with difficulty in swallowing.

At other times typhus fever presents itself with all the symptoms of meningitis, an acute shooting pain in some part of the cranium, generally in one of the parietal bones; a pain which is intensified with every movement of the head, and is accompanied by frequent bilious vomiting, constipation, epistaxis, photophobia, delirium, restlessness, intense fever, thirst and anorexia, but does not show the clonic convulsions

nor the strabismus which are so commonly found in the first period of meningitis.

In all these cases in which typhus presents itself in this insidious manner, making the diagnosis difficult in its first stages, there are two symptoms that are hardly ever wanting and that throw a great deal of light on the subject, and these are, a more or less a profound stupor accompanied by insomnia.

I will not at present treat of these other symptoms, but merely mention, that when they present themselves the case almost always terminates fatally, and these are, an exaggerated meteorism from the beginning of the attack and hiccough.

During the first seven days of the disease one of its most frequent complications is epistaxis, which is sometimes so abundant that it can only be detained by stopping up the nostrils.

During the second period of seven days, it is often complicated with hemorrhage of the intestines, hematemesis, in the case of women with metrorragia, and when they are pregnant it almost always brings on an abortion or premature birth, though that does not in any notable manner aggravate the symptoms of the disease. During this period of typhus fever it is also frequently accompanied by peritonitis, the evening chills are observed to be very persistent and are followed by an elevation of the temperature, by an exacerbation of the symptoms followed by diaphoresis, paralysis of the bladder and of the exophagus, a purulent gangrene in the sacred regions and trocanteria and in the toes, and in the case of women in the vulva, whilst in men it attacks the scrotum; sometimes spots of gangrene are formed on the abdominal wall and in the skin of the members, passive congestion takes place in the lungs, pneumonia and in some rare cases meningitis, dyptheria, ulcerated keratitis, otorrea purulenta and deafness supervene.

During the third period of seven days when convalescence begins, the patient is liable to be attacked by parotitis.

tis which very seldom terminates by dissolution, by edema of the inferior members, either both at once or one alone, by pulmonary tuberculosis, and in my own practice I have met with two cases of abscess in the liver at the end of this period, and one of cold abscess in the right leg. Up to the age of twelve, typhus does not present itself in children as it does in adult persons, but is reduced to a continuous fever which increases at night, restlessness and subdelirium, which is sometimes complicated with diarrhea, very rarely shows blotches and almost always has a happy termination unless otherwise complicated. In children the complication which has been observed during convalescence is coxalgia.

The progress of this disease is continuous and increasing, and whatever may be the form under which it presents itself, it takes in the second period the form of adynamia orataxica and more commonly that of ataxo-adynamia.

With very few exceptions it lasts for fourteen days, and when the termination is fatal, death ordinarily comes on the eleventh to the fourteenth day. If the patient recovers, convalescence almost always declares itself from the fifteenth to the eighteenth day, though the feverish condition may be very much prolonged, and I have seen cases in which it has lasted 25, 30, 36, 40 and 46 days.

Its prognostic is very serious and it is impossible to foresee how it will terminate; at times it has a very mild appearance, suddenly changing to a most dangerous condition which quickly terminates in death. Many circumstances contribute to these changes, but the constitution and age of the patient have a specially great influence on the termination of the attack.

Of those who are taken with the disease between the ages of forty and fifty years, almost half of the patients die; above the age of fifty, they generally die about the eleventh day and their convalescence is quite exceptional.

Typhus fever attacks all without distinction of sex or age, but is more frequently found in the period of adolescence and

early manhood, being rarer in infancy and still more so in old age.

Sex has no influence in the progress, duration, complication or termination of the disease.

Typhus is an infectious and contagious disease, a species of septic poisoning, which is endemic in this Capital and its endemia is in my opinion strictly a matter of climate.

The miasma of typhus is generated in all those places in which exist accumulations of animal or vegetable organic matters which have arrived to a state of putrid fermentation, and especially when these matters contain any large proportion of excreta.

It develops under the influence of these miasmas and is generally propagated by contagion, which is almost always direct, although some rare cases have been known of indirect contagion.

It is not as virulent one year as another, which is due to meteorological causes; in those years when the heat is excessive and rain scarce the disease takes on a more violent form and the number of cases greatly increase. There is also some difference between the seasons, as it assumes a much graver character in autumn than in the other seasons.

Its contagious character begins from the sixth day when the spots appear on the skin, and lasts for twenty days after appearing. As I have been able to prove in many cases it is also contagious during convalescence, and persons who have not already suffered from this disease cannot with impunity enter into direct communication with convalescents until after twenty five or thirty days from the declaration of that condition. The period of incubation is from one to fifteen days, but the disease generally makes its appearance on the sixth or eighth day after contagion has taken place.

Relapses are very rare, and a repetition still more so.

There is no medicine which internally administered will prevent the contagion of typhus. If any medicinal substance has at any time appeared to fulfill this object I believe that the

inmunity was not due to the preservative action of the medicine, but rather to the absence of predisposition in the individual, for as we well know it requires a predisposition on the part of the organism for the production of the effects due to pathogenical causes, and the proof of this we have in our own persons, as we are daily visiting patients with infecto-contagious or infectious diseases which we very seldom contract.

In my opinion the best prophylactic to avoid the contagion or propagation of typus consists in the insolation of the patient and in a strict attention to the rules of hygiene.

The patient ought to be placed in a room with only the objects and persons required for his own attendance, the air ought to be continually renovated by means of ventilation, the patient himself ought to be washed every day, and the clothing which he has used steeped in disinfecting solutions or boiling water, his excreta ought not to be allowed to remain in the room, and with all these precautions very satisfactory results may be obtained.

The disinfectants which are commonly employed in the sick room are generally carbolic acid, chloride, iodofrom and others, but I consider them of very little utility, because in the first place they are amongst the least powerful of disinfectants, and in the second place, because the quantities in which their are used are insufficient to carry out their object.

On the other hand, typhus being one of those diseases which produce a radical change in the blood, it appears to me very much to be preferred, that the patient should breathe as pure air as possible, and not an atmosphere vitiated by the substances, which although medicinal, render it incapable of fulfilling the principal object of respiration, which is the chemical regeneration of the blood.

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